

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-018567

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 116Primary Registration District No. 3020Registrar's No. 127

STATE FILE NUMBER

FILED JUN 11 1962

## 1. PLACE OF DEATH

a. COUNTY Franklinb. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN WashingtonLength of stay in 1b  
1 dayc. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION St. Francis HospitalInside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri COUNTY Warrenc. CITY OR TOWN WarrentonInside Limits  
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)  
106 W. OakReside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)First Middle Last  
Walter S. Fletemeyer4. DATE OF DEATH  
Month Day Year  
June 4, 1962

## 5. SEX

Male

## 6. COLOR OR RACE

White7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

2-27-1892

## 9. AGE (last birthday)

70

## IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Salesman10b. KIND OF BUSINESS OR INDUSTRY  
Wholesale dry goods11. BIRTHPLACE (City and state or country)  
Warren Co., Mo.12. CITIZEN OF WHAT COUNTRY  
U.S.A.

## 13a. FATHER'S NAME

Henry Wm. Fletemeyer

## 13b. MOTHER'S MAIDEN NAME

Sophia Jane Hankins

## 14. NAME OF HUSBAND OR WIFE

Nell O'Neill Fletemeyer

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)  
yes World War I

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address 106 W. Oak  
Mrs. Walter Fletemeyer Warrenton, Mo.

## 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Arteriosclerotic heart disease with congestive failure unk.

## INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Generalized arteriosclerosisunknownDUE TO (c) Cerebral arteriosclerosis with senile dementia"

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☐20a. ACCIDENT SUICIDE HOMICIDE  
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m. Month, Day, Year20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Nov. 1961 to June 4, 1962 and last saw him alive on June 4, 1962  
Death occurred at 6 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

Warrenton, Missouri

## 22c. DATE SIGNED

6-5-62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

6-7-62

## 23c. NAME OF CEMETERY OR CREMATORY

City Cemetery

## 23d. LOCATION (City, town, or county)

Warrenton, Mo.

## 24. FUNERAL DIRECTOR

## ADDRESS

F.W. Nieburg & Co., Warrenton, Mo.

## 25. DATE RECD. BY LOCAL REG.

6/7/62

## 26. REGISTRAR'S SIGNATURE

Lula C. Spidman

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUN 12 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed John Shickburg

Licensed Embalmer No. 3897

P. O. Address Warrenton, Mo.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.